

2023 HESI EXIT V3 LATEST UPGRADED.

2022 HESI EXIT V3

1. A 64 year-old client scheduled for surgery with a general anesthetic refuses to remove a set of dentures prior to leaving the unit for the operating room. What would be the most appropriate intervention by the nurse?

- A) Explain to the client that the dentures must come out as they may get lost or broken in the operating room
- B) Ask the client if there are second thoughts about having the procedure
- C) Notify the anesthesia department and the surgeon of the client's refusal
- D) Ask the client if the preference would be to remove the dentures in the operating room receiving area

The correct answer is D: Ask the client if the preference would be to remove the dentures in the operating room receiving area

2. The nurse has been teaching adult clients about cardiac risks when they visit the hypertension clinic. Which form of evaluation would best measure learning?

- A) Performance on written tests
- B) Responses to verbal questions
- C) Completion of a mailed survey
- D) Reported behavioral changes

The correct answer is D: Reported behavioral changes

3. The nurse is planning care for an 18 month-old child. Which action should be included in the child's care?

- A) Hold and cuddle the child frequently
- B) Encourage the child to feed himself finger food
- C) Allow the child to walk independently on the nursing unit
- D) Engage the child in games with other children

The correct answer is B: Encourage the child to feed himself finger food

4. A partner is concerned because the client frequently daydreams about moving to Arizona to get away from the pollution and crowding in southern California. The nurse explains that

- A) Such fantasies can gratify unconscious wishes or prepare for anticipated future events
- B) Detaching or dissociating in this way postpones painful feelings
- C) This conversion or transferring of a mental conflict to a physical symptom can lead to marital conflict
- D) To isolate the feelings in this way reduces conflict within the client and with others

The correct answer is A: Such fantasies can gratify unconscious wishes or prepare for

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anticipated future events

5. An appropriate goal for a client with anxiety would be to

- A) Ventilate anxious feelings to the nurse
- B) Establish contact with reality
- C) Learn self-help techniques
- D) Become desensitized to past trauma

The correct answer is C: Learn self-help techniques

6. While the nurse is administering medications to a client, the client states "I do not want to take that medicine today." Which of the following responses by the nurse would be best?

- A) "That's OK, its all right to skip your medication now and then."
- B) "I will have to call your doctor and report this."
- C) "Is there a reason why you don't want to take your medicine?"
- D) "Do you understand the consequences of refusing your prescribed treatment?"

The correct answer is C: "Is there a reason why you don't want to take your medicine?"

7. While caring for a client, the nurse notes a pulsating mass in the client's peri umbilical area. Which of the following assessments is appropriate for the nurse to perform?

- A) Measure the length of the mass
- B) Auscultate the mass
- C) Percuss the mass
- D) Palpate the mass

The correct answer is B: Auscultate the mass

8. A client is admitted to the hospital with a history of confusion. The client has difficulty remembering recent events and becomes disoriented when away from home. Which statement would provide the best reality orientation for this client?

- A) "Good morning. Do you remember where you are?"
- B) "Hello. My name is Elaine Jones and I am your nurse for today."
- C) "How are you today? Remember, you're in the hospital."
- D) "Good morning. You're in the hospital. I am your nurse Elaine Jones."

The correct answer is D: "Good morning.

9. The nurse is teaching the parents of a 3 month-old infant about nutrition. What is the

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main source of fluids for an infant until about 12 months of age?

- A) Formula or breast milk
- B) Dilute nonfat dry milk
- C) Warmed fruit juice
- D) Fluoridated tap water

The correct answer is A: Formula or breast milk

10. The family of a 6 year-old with a fractured femur asks the nurse if the child's height will be affected by the injury. Which statement is true concerning long bone fractures in children?

- A) Growth problems will occur if the fracture involves the periosteum
- B) Epiphyseal fractures often interrupt a child's normal growth pattern
- C) Children usually heal very quickly, so growth problems are rare
- D) Adequate blood supply to the bone prevents growth delay after fractures

The correct answer is B: Epiphyseal fractures often interrupt a child's normal growth pattern

11. The nurse is assessing a client who states her last menstrual period was March 16, and she has missed one period. She reports episodes of nausea and vomiting. Pregnancy is confirmed by a urine test. What will the nurse calculate as the estimated date of delivery (EDD)?

- A) April 8
- B) January 15
- C) February 11
- D) December 23

The correct answer is D: December 23

12. When screening children for scoliosis, at what time of development would the nurse expect early signs to appear?

- A) Prenatally on ultrasound
- B) In early infancy
- C) When the child begins to bear weight
- D) During the preadolescent growth spurt

The correct answer is D: During the preadolescent growth spurt

13. A client with congestive heart failure is newly admitted to home health care. The nurse discovers that the client has not been following the prescribed diet. What would be the most appropriate nursing action?

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40. Which of the following classifications of medications would be most often used for clients with schizophrenia?

- A) Anti-depressants
- B) Mood stabilizers
- C) Anxiolytics
- D) Neuroleptics

The correct answer is D: Neuroleptics

41. A hospitalized 8 month-old infant is receiving digoxin for the treatment of Tetralogy of Fallot. Prior to administering the next dose of medication, the parent reports that the baby has vomited one time, just after breakfast. The heart rate is 62. What is the initial response of the nurse?

- A) Give the dose after lunch
- B) Reduce the next dose by half
- C) Double the next dose
- * D) Hold the medication

The correct answer is D: Hold the medication

42. A child is treated with ethylenediamine calcium disodium (Calcium EDTA) for lead poisoning. Which of these should the nurse assess first?

- A) Serum potassium level
- B) Blood calcium level
- C) Urinary output
- D) Deep tendon reflexes

The correct answer is C: Urinary output

43. The nurse is assessing a client who has taken haldol (Haloperidol) for several months. Which of the following is a side effect of this medication and must be reported immediately to the health care provider?

- A) Muscle flaccidity
- B) Dystonic reaction
- C) Mood swings
- D) Dry, harsh cough

The correct answer is B: Dystonic reaction

44. The nurse is caring for a client with renal calculi. Which health care provider order would be a priority?

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- A) Morphine sulfate as client controlled analgesia
- B) Push oral fluids and keep vein open
- C) Continuous warm compresses to the flank area
- D) Intravenous antibiotics

The correct answer is A: Morphine sulfate as client controlled analgesia

45. A client with angina has been instructed about the use of sublingual nitroglycerin. Which of the following statements made to the nurse indicates a need for further teaching?

- A) "I will rest briefly right after taking 1 tablet."
 - B) "I can take 2-3 tablets at once if I have severe pain."
 - C) "I'll call the doctor if pain continues after 3 tablets 5 minutes apart."
 - D) "I understand that the medication should be kept in the dark bottle."
- The correct answer is B: "I can take 2-3 tablets at once if I have severe pain."

46. The nurse is teaching administration of albuterol inhalation to an adult with asthma. Which of the following demonstrates proper teaching?

- A) "Use this medication at bedtime to promote rest."
- B) "Discontinue the inhalation if you are dizzy."
- C) "Inhale this medication after other asthma sprays."
- D) "Notify the health care provider if you need the drug more often."

The correct answer is D: "Notify the health care provider if you need the drug more often."

47. A hospitalized 8 month-old is receiving gentamicin (Cidomycin). In monitoring the infant for drug toxicity, the nurse should review which laboratory results first?

- A) Blood urea nitrogen
- B) Thyroxin levels
- C) Growth hormone levels
- D) Platelet counts

The correct answer is A: Blood urea nitrogen

48. A client who is receiving chemotherapy through a central line is admitted to the hospital with a diagnosis of sepsis. Which of the following nursing interventions should receive priority?

- A) Inspect all sites that may serve as entry ports for bacteria
- B) Place the client in reverse isolation
- C) Change the dressing over the site of the central line
- D) Restrict contact with persons having known, or recent, infections

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first trimester of pregnancy?

- A) Acceptance of the pregnancy
- B) Acceptance of the termination of the pregnancy
- C) Acceptance of the fetus as a separate and unique being
- D) Satisfactory resolution of fears related to giving birth

The correct answer is A: Acceptance of the pregnancy

126. During the two-month well-baby visit, the mother complains that formula seems to stick to her baby's mouth and tongue. Which of the following would provide the most valuable nursing assessment?

- A) Inspect the baby's mouth and throat
- B) Obtain cultures of the mucous membranes
- C) Flush both sides of the mouth with normal saline
- D) Use a soft cloth to attempt to remove the patches

The correct answer is D: Use a soft cloth to attempt to remove the patches

127. After successful alcohol detoxification, a client remarked to a friend, "I've tried to stop drinking but I just can't, I can't even work without having a drink." The client's belief that he needs alcohol indicates his dependence is primarily

- A) Psychological
- B) Physical
- C) Biological
- D) Social-cultural

The correct answer is A: Psychological

128. A nurse is caring for a client with peripheral arterial insufficiency of the lower extremities. Which intervention should be included in the plan of care to reduce leg pain?

- A) Elevate the legs above the heart
- B) Increase ingestion of caffeine products
- C) Apply cold compresses
- D) Lower the legs to a dependent position

The correct answer is D: Lower the legs to a dependent position

129. A diabetic client asks the nurse why the health care provider ordered a glycosylated hemoglobin (HbA) measurement, since a blood glucose reading was just performed. You will explain to the client that the HbA test:

- A) Provides a more precise blood glucose value than self-monitoring